

Applicant : Christopher D. Casscells et al.
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Rather, as shown in Figs. 5-6, the electrical path extends from cable 42 which passes through lumen 56 (see Fig. 3), to switch 44, to conductor 96, to a metal ferrule that receives conductive pin contact 58 (see col. 4, lines 25-30 and col. 5, lines 22-29). Pin contact 58 then "mates with a contact ring that engages the exterior metal surface of the outer tubular blade member 20" (col. 5, lines 29-30). Inner tube 24 is isolated from this electrical path by, at least, plastic handle 14 (see col. 3, line 36). The isolation of tube 24 from this electrical path is further shown by the need, after creating a bleeder with tube 24, to "position the exposed electrode surface 12 . . . on the bleeder . . . to thereby cauterize the bleeding blood vessel" (col. 5, lines 56-59).

The alternate embodiment of Rydell describes a self-contained electrosurgical attachment 102 (see Figs. 7-10; col. 6, line 6 – col. 7, line 20). The alternate embodiment also does not have a "shaft mechanically and electrically coupled at a distal end to the tip, and at a proximal end, to the drive interface and an electrical interface" (claim 1). Rather, tube 24 is isolated from power supply 40 along the mechanical and electrical connections between the instrument and power supply 40 (see col. 2, lines 14-21, identifying a lack of isolation as one of the problems in the field). The mechanical connection goes through coupler 72', which isolates in the same manner as coupler 72. The electrical path extends from power supply 40, through cord 120, plastic head member 104, and insulating tube 106, to electrode 130, (see col. 6, lines 30-33; Fig. 8), with member 104 and tube 106 isolating tube 24 from the path.

To further explain the operation of Rydell, Applicants point out below how at least two more of the Office Action's characterizations of Rydell do not satisfy the limitations of claim 1.

First, the Office Action identifies the claimed "surgical tool" as reading on inner tube 24, and the claimed "tip" as reading on electrode surface 12 (Office Action at 2, paragraph 2). Claim 1 recites that the "surgical tool includ[es] . . . [the] tip." However, inner tube 24 does not include electrode surface 12. Rather, electrode surface 12 is part of outer tube 20 and not part of inner tube 24. Accordingly, the Office Action's characterization of Rydell does not satisfy the recitation that the "surgical tool includ[es] . . . [the] tip."

Second, the Office Action identifies the claimed "drive interface" as reading on drive motor 34, and the claimed "housing" as reading on handle 14 (Office Action at 2, paragraph 2).

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Claim 1 recites that "the housing contain[s] a drive interface." However, handle 14 does not include drive motor 34. Rather, handle 14 and drive motor 34 are remote from each other, being connected only through cable 38 (see Fig. 1; see also col. 1, lines 62-63 stating: "Located remotely from the handle 14 of the instrument is a drive motor 34 whose output shaft 36 is connected via flexible torque transmitting cable 38."). Accordingly, the Office Action's characterization of Rydell does not satisfy the recitation in claim 1 that "the housing contain[s] a drive interface."

Therefore, for at least the reasons discussed above, claims 1 and 37 and their dependent claims are patentable over Rydell.

Claims 20 and 38 require that "the shaft [is] electrically coupled to the second interconnector to permit a cauterizing action" (claim 20). As discussed above, tube 24 is isolated from the electrical path. Therefore, for at least this reason, claims 20 and 38 and their dependent claims are patentable over Rydell.

Claim 45 recites the operations of "producing a surgical motion of the conducting portion and the non-conducting edge, thereby surgically operating on tissue with the non-conducting edge; [and] delivering electric energy to at least the conducting portion." Rydell does not disclose or suggest at least the combination of these two operations. Rather, the only portion of Rydell's instrument for which Rydell produces a surgical motion is tube 24. However, as discussed above, Rydell does not deliver electric energy to tube 24. Therefore, for at least this reason, claim 45 and its dependent claims are patentable over Rydell.

Dependent claims 7-10, 24-27, and 49-51 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Rydell '809 in view of Auth et al. Applicants submit that Auth et al. do not overcome the deficiencies of Rydell '809. Auth et al. do not describe or suggest at least a shaft that is coupled to a drive interface to produce or permit a surgical motion of a tip (claims 1 and 20) or "producing a surgical motion of the conducting portion" (claim 45). Rather, Auth et al. describe a bullet-shaped electrosurgical device 22 (col. 5, lines 11-12) that has no surgical motion and is used solely for cauterization (Figs. 1-2; col. 6, lines 41-48).

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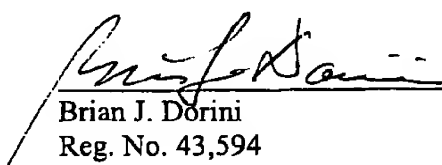
Applicants submitted an IDS on September 15, 2003 along with a fee of \$180. The IDS apparently crossed in the mail with the present Office Action. Applicants respectfully request that the examiner consider the single reference in that IDS and return an initialed PTO-Form 1449.

Please apply any charges or credits to deposit account 06-1050.

Respectfully submitted,

Date: _____

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